

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	L.I.	1106	5/30
FORMALITY REVIEW			7/25/01
RESPONSE FORMALITY REVIEW	MA	830	01-22-02

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
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9	N
10	N
11	N
12	✓
13	✓
14	N
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17	N
18	✓
19	N
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34	N
35	N
36	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here